

or to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.” Any failure to designate a claim as “contingent,” “unliquidated,” or “disputed” does not constitute an admission by the Debtors that such claim is not “contingent,” “unliquidated,” or “disputed.”

3. Estimates and Assumptions. The preparation of the Schedules and Statements requires the Debtors to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities on the date of the Schedules and Statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Unknown Amounts. Some of the scheduled assets and liabilities are unknown and unliquidated at this time. In such cases, the amounts are listed as “Unknown.” Accordingly, the Schedules and the Statements may not accurately reflect the true aggregate value of the Debtors’ assets or the amount of the Debtors’ liabilities.

5. Prepetition v. Postpetition. The Debtors have sought to allocate liabilities between the pre-petition and post-petition periods based on the information from research that was conducted with the preparation of these Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between pre-petition and post-petition periods may change.

6. GAAP. Given the difference between the information requested in the Schedules and Statements and the financial information utilized under generally accepted accounting principles in the United States (“GAAP”), the aggregate asset values and claim amounts set forth in the Schedules and Statements do not necessarily reflect the amounts that would be set forth in a balance sheet prepared in accordance with GAAP.

7. Asset Values. It would be prohibitively expensive, unduly burdensome, and time consuming to obtain current market valuations of the Debtors’ property interests. Accordingly, to the extent any asset value is listed herein, and unless otherwise noted therein, net book values or values based on earlier offers rather than current market values of the Debtors’ property interests are reflected on the applicable Schedule. As applicable, assets that have been fully depreciated or were expensed for accounting purposes have no net book value. And, unless otherwise indicated, all asset amounts and claim amounts are listed as of the Petition Date.

8. Challenge of Liens. Except as otherwise agreed pursuant to a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtors reserve the right to dispute or to challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or to challenge the secured nature of any such creditor’s claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor’s

claim. The descriptions provided on Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements.

9. Setoff or Recoupment Rights. The Debtors have not included on Schedule D parties that may believe their claims are secured through setoff rights, deposits posted by or on behalf of the Debtor, or inchoate statutory lien rights. Such counterparties have been listed on Schedule E/F.

10. First-Day Orders. Pursuant to various orders issued by the Court, the Debtors were authorized to pay certain outstanding pre-petition claims, including, without limitation, to claims relating to employee compensation, benefits, reimbursable business expenses, and related administrative costs. To the extent claims have been paid, such claims have not been listed on the Schedules and Statements. To the extent such a claim is listed on the Schedules and Statements, inadvertently or otherwise, the Debtors do not waive any right to amend the Schedules and Statements or subsequently object to such claims.

11. Ordinary Course of Business. In the ordinary course of its business, the Debtors apply credits against amounts otherwise due to vendors. These credits arise because, among other matters, materials ordered and paid for may not be delivered, materials delivered are damaged or unusable, and vendors provide volume rebates and cash discounts. Certain of these credits are subject to change. Vendor claims are listed at the amounts entered on the Debtors' books and records, which may reflect credits or allowances due from such creditors to the Debtor. The Debtors reserve all rights respecting such credits and allowances.

12. Executory Contracts and Unexpired Leases. For purposes of the Schedules and Statements, the Debtors have only scheduled claims and executory contracts for which the Debtors may be contractually and/or directly liable. While every reasonable effort has been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors or omissions may have occurred. The Debtors hereby reserve all of their rights to dispute the validity, status or enforceability of any contract, agreement, or lease set forth on Schedule G that may have expired or may have been modified, amended, and supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments, and agreements which may not be listed on Schedule G. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain of the executory agreements may not have been memorialized in writing and could be subject to dispute. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their business, such as easements, right of way, subordination, non-disturbance and attornment agreements,

supplemental agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. The Debtors reserve all of its rights to dispute or to challenge the characterization of the structure of any transaction, or any document or instrument related to a creditor's claim. In the ordinary course of business, the Debtors may have entered into agreements, written or oral, for the provision of certain services on a month-to-month or at-will basis. Such contracts may not be included on Schedule G. But the Debtors reserve the right to assert that such agreements constitute executory contracts. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. The Debtors reserve all rights to challenge whether any of the listed contracts, leases, agreements or other documents constitute an executory contract or unexpired lease, including if any are unexpired non-residential real property leases. Any and all of the Debtors' rights, claims, and causes of action regarding the contracts and agreements listed on Schedule G are hereby reserved and preserved.

13. Causes of Action. The Debtors reserve all of their causes of action. Neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such cause of action. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with these chapter 11 cases, equitable subordination, and/or causes of action arising under any applicable law, including the provisions of chapter 5 of the Bankruptcy Code and other relevant nonbankruptcy laws to recover assets or avoid transfers.

14. Insiders. In the circumstances where the Schedules and Statements require information regarding insiders and/or officers and directors, included therein are each of the Debtors' directors (or persons in similar positions). The listing of a party as an insider is not intended to be nor should it be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims, and defenses are hereby expressly reserved.

15. Summary of Significant Reporting Policies and Practices. The following specific conventions were adopted by the Debtors in preparation of the Schedules and Statements:

- a. Fair Market Value; Book Value. Unless otherwise noted therein, the Schedules and Statements reflect the carrying value of the liabilities as listed in the Debtors' books and records. Where the current market value of assets is unknown, the Debtors based their valuation on book values or other information available to it.
- b. Inventories (Schedule A/B #18). Inventory includes Rx (prescription drug) inventory and non-Rx (other) inventory. Rx inventory and cost of goods values are driven by the Company's primary wholesaler's pricing (the price file). The retail pharmacies conduct cycle counts of Rx inventory on a routine but no less than

quarterly basis and report discrepancies and/or changes in value to accounting monthly for recording. Non Rx inventory is reflected on a roll-forward basis from the previous year end, plus purchases less estimated cost of goods sold each month. A complete physical count of both Rx and non-Rx inventories is conducted each calendar year end and required adjustments are recorded and reflected in the December 31 financial statements.

- c. Leased Real and Personal Property. In the ordinary course of its business, the Debtors lease real property and various articles of personal property, including, without limitation, furniture, fixtures and equipment, from certain third-party lessors. All such leases are set forth in the Schedules and Statements. The property subject to leases is not reflected in the Schedules and Statements as either owned property or assets of the Debtors or property or assets of third-parties within the control of the Debtor. But nothing in the Schedules or Statements is or shall be construed as an admission or determination as to legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement), and the Debtors reserve all of its rights with respect to all such issues.
- d. Accounts Receivable (Schedule A/B #10). The value of accounts receivable is estimated as of April 30, 2018 (the Petition Date). The receivables are generally broken down by third-party accounts receivable and by customer accounts receivable. The value of the third-party accounts receivables is based upon management's estimates utilizing a DSO (Days Sales Outstanding) methodology pursuant to which management calculated the amount of cash funds the Debtors expect to collect over 28 days from the indicated date. Management believes 28 Days DSO is appropriate to estimate the third party accounts receivable. If the DSO is lower, the resulting accounts receivable value is lower.
- e. Furniture, Fixtures & Equipment (Schedule A/B #38). For simplicity purposes, the Debtors combined all Furniture, Fixtures & Equipment used in the ordinary course of its business for purposes of the Schedules and Statements. The value reflected is book value, exclusive of accumulated depreciation, and may not reflect fair market value. The Debtors revised their capitalization policies in 2014 to change the asset capitalization threshold from \$250 to \$1,000 per asset item. The Debtors have possession of significant Furniture, Fixtures, and Equipment that have been purchased since January 1, 2014, that fell below the asset capitalization threshold. Further, the Debtors have possession of significant Furniture, Fixtures, and Equipment that have been fully

depreciated since their original purchase and may no longer be carried on their financial statements or included in their fixed asset schedules.

- f. Employee and Benefit Claims. The Bankruptcy Court entered an order authorizing the Debtors to pay pre-petition and post-petition wages, salaries, benefits, and other obligations. The Debtors employed approximately 182 employees as of the Petition Date. Accordingly, only employee claims against the Debtors for pre-petition amounts that have not been paid as of the time that the Schedules and Statements were prepared, if any, and employee claims for items not authorized to be paid by order of the Bankruptcy Court, if any, have been included in the Schedules and Statements. Similarly, certain payments on behalf of employees for benefits, including health, dental and vision insurance authorized to be paid by the Court, as well as, certain employee advances made in the ordinary course of business, have been omitted from the Schedules and Statements.
- g. Related Party Transactions. The nature of the consolidated and non-consolidated but related companies' ownership requires amounts to be loaned to or transferred to related entities and owners periodically. These transactions are accounted for through appropriate "Due To" and "Due From" accounts.

Dated: June 5, 2018.

Respectfully submitted,

/s/ John J. Cruciani

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Attorneys for the Debtors and Debtors-in-Possession

Fill in this information to identify the case:

Debtor name Family Pharmacy of Missouri, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 18-60523

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 4,339,011.82

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 4,339,011.82

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 10,819,662.18

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 4,251,239.63

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 15,070,901.81

Fill in this information to identify the case:

Debtor name Family Pharmacy of Missouri, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 18-60523

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2.	Cash on hand - Branson West	\$625.00
2.	Cash on hand - Rogersville	\$1,200.00
2.	Cash on hand - Hollister	\$1,325.00
2.	Cash on hand - Forsyth	\$1,925.00
2.	Cash on hand - Crimson	\$1,225.00
2.	Cash on hand - Fair Grove	\$835.00
2.	Cash on hand - Marshfield	\$825.00
2.	Cash on hand - Bolivar	\$910.00
2.	Cash on hand - Cross Creek	\$825.00
2.	Cash on hand - Clever	\$825.00
2.	Cash on hand - Branson 248	\$825.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Debtor Family Pharmacy of Missouri, LLC		Case number (If known) 18-60523	
Name			
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	Corporate:		
	The Bank of Missouri		0833
	Great Southern Bank		0889
			\$230,463.20
3.2.	Branson West:		
	The Bank of Missouri		0536
	Great Southern Bank		5068
			\$2,803.98
3.3.	Rogersville:		
	The Bank of Missouri		3027
	Citizens Bank		0705
			\$4,245.55
3.4.	Hollister:		
	The Bank of Missouri		0411
	Great Southern Bank		7567
			\$2,447.95
3.5.	Forsyth:		
	The Bank of Missouri		0486
	First Community Bank		9701
	Great Southern Bank		1889
			\$5,192.44
3.6.	Crimson Plaza:		
	The Bank of Missouri		0478
	Great Southern Bank		2152
			\$3,033.85
3.7.	Home Medical:		
	The Bank of Missouri		0510
			\$0.00
3.8.	Marshfield:		
	The Bank of Missouri		3134
	First Home Savings Bank		1800
			\$1,742.28
3.9.	Cross Creek:		
	The Bank of Missouri		0502
	Great Southern Bank		3679
			\$2,007.16
3.10.	Clever:		
	The Bank of Missouri		0551
	Great Southern Bank		3768
			\$1,314.22
3.11.	Bolivar:		
	The Bank of Missouri		0544
	Bank of Bolivar		0882
	Commerce Bank		9593
	Great Southern Bank		8603
			\$8,451.20

Debtor Family Pharmacy of Missouri, LLC Case number (If known) 18-60523

Name

Fair Grove:

The Bank of Missouri

0528

Bank of Bolivar

8823

3.12 **Central Bank of the Ozarks**

588

Great Southern Bank

8611

\$4,580.89

Branson 248:

The Bank of Missouri

0577

Great Southern Bank

648

\$397.90

3.14

Great Southern Bank - Nixa-Stonecrest

1870

\$0.00

3.15

Great Southern Bank - Repo

5659

\$0.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$278,025.62

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

☐ No. Go to Part 3.

☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. **Utility Deposits**

\$550.00

7.2. **Missouri State sales tax deposit**

\$250.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. **Prepaid rent**

\$49,175.72

8.2. **Prepaid expenses**

\$12,442.64

8.3. **B&T Enterprises rent**

\$1,200.00

Debtor Family Pharmacy of Missouri, LLC Case number (If known) 18-60523
Name

8.4. D-Man Properties lease \$4,113.23

8.5. Hixson Properties rent \$3,141.15

8.6. WD Properties lease \$3,912.09

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$74,784.83

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

THIRD PARTY ACCOUNTS RECEIVABLE BALANCES (ESTIMATED)

11a. 90 days old or less: 179,716.31 - 0.00 = \$179,716.31
Branson West face amount doubtful or uncollectible accounts

11a. 90 days old or less: 159,192.64 - 0.00 = \$159,192.64
Rogersville face amount doubtful or uncollectible accounts

11a. 90 days old or less: 161,539.24 - 0.00 = \$161,539.24
Hollister face amount doubtful or uncollectible accounts

11a. 90 days old or less: 308,984.78 - 0.00 = \$308,984.78
Forsyth face amount doubtful or uncollectible accounts

11a. 90 days old or less: 228,004.44 - 0.00 = \$228,004.44
Nixa face amount doubtful or uncollectible accounts

11a. 90 days old or less: 185,971.83 - 0.00 = \$185,971.83
Fair Grove face amount doubtful or uncollectible accounts

11a. 90 days old or less: 138,288.74 - 0.00 = \$138,288.74
Marshfield face amount doubtful or uncollectible accounts

11a. 90 days old or less: 274,290.54 - 0.00 = \$274,290.54
Bolivar face amount doubtful or uncollectible accounts

Debtor	Family Pharmacy of Missouri, LLC	Case number (If known)	18-60523
	Name		
11a. 90 days old or less:	111,100.81	-	0.00 =
Cross Creek	face amount	doubtful or uncollectible accounts	\$111,100.81
11a. 90 days old or less:	115,871.81	-	0.00 =
Clever	face amount	doubtful or uncollectible accounts	\$115,871.81
11a. 90 days old or less:	121,840.14	-	0.00 =
Branson 248	face amount	doubtful or uncollectible accounts	\$121,840.14
CUSTOMER ACCOUNTS RECEIVABLE BALANCES (ESTIMATED)			
11a. 90 days old or less:	859.79	-	0.00 =
Branson West	face amount	doubtful or uncollectible accounts	\$859.79
11a. 90 days old or less:	309.64	-	0.00 =
Rogersville	face amount	doubtful or uncollectible accounts	\$309.64
11a. 90 days old or less:	957.59	-	0.00 =
Hollister	face amount	doubtful or uncollectible accounts	\$957.59
11a. 90 days old or less:	4,178.76	-	0.00 =
Forsyth	face amount	doubtful or uncollectible accounts	\$4,178.76
11a. 90 days old or less:	1,532.99	-	0.00 =
Nixa	face amount	doubtful or uncollectible accounts	\$1,532.99
11a. 90 days old or less:	849.64	-	0.00 =
Fair Grove	face amount	doubtful or uncollectible accounts	\$849.64
11a. 90 days old or less:	507.96	-	0.00 =
Marshfield	face amount	doubtful or uncollectible accounts	\$507.96
11a. 90 days old or less:	5,641.11	-	0.00 =
Bolivar	face amount	doubtful or uncollectible accounts	\$5,641.11
11a. 90 days old or less:	357.72	-	0.00 =
Cross Creek	face amount	doubtful or uncollectible accounts	\$357.72
11a. 90 days old or less:	138.96	-	0.00 =
Clever	face amount	doubtful or uncollectible accounts	\$138.96

Debtor Family Pharmacy of Missouri, LLC Case number (If known) 18-60523
Name

11a. 90 days old or less: 669.25 - 0.00 = \$669.25
Branson 248 face amount doubtful or uncollectible accounts

OTHER ACCOUNTS RECEIVABLE

11a. 90 days old or less: 1,126.68 - 0.00 = \$1,126.68
Amcon credit face amount doubtful or uncollectible accounts

11a. 90 days old or less: 1,842.00 - 0.00 = \$1,842.00
Barbour Publishing credit face amount doubtful or uncollectible accounts

11a. 90 days old or less: 17.60 - 0.00 = \$17.60
Giftcraft credit face amount doubtful or uncollectible accounts

11a. 90 days old or less: 3,752.41 - 0.00 = \$3,752.41
Invacare credit face amount doubtful or uncollectible accounts

11a. 90 days old or less: 164.27 - 0.00 = \$164.27
Medline credit face amount doubtful or uncollectible accounts

11a. 90 days old or less: 10.80 - 0.00 = \$10.80
Park Designs credit face amount doubtful or uncollectible accounts

11a. 90 days old or less: 430.08 - 0.00 = \$430.08
Variety Distributors credit face amount doubtful or uncollectible accounts

11a. 90 days old or less: 5,170.07 - 0.00 = \$5,170.07
Returned checks face amount doubtful or uncollectible accounts

11a. 90 days old or less: 24,250.00 - 24,250.00 = \$0.00
Officer – Lynn Morris face amount doubtful or uncollectible accounts

11a. 90 days old or less: 53.40 - 53.40 = \$0.00
INC face amount doubtful or uncollectible accounts

11a. 90 days old or less: 1,962,099.93 - 1,962,099.93 = \$0.00
FPM face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,013,318.60

Debtor Family Pharmacy of Missouri, LLC
Name

Case number (If known) 18-60523

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
	See SOFA #27				
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Inventory		\$0.00		\$1,989,718.53

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$1,989,718.53

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	Furniture and Equipment	\$1,475,369.79		Unknown

Debtor Family Pharmacy of Missouri, LLC Case number (If known) 18-60523
Name

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2009 Chevrolet HHR Panel, LS Sport Utility VIN 3GCCA85B79S573521	Unknown	Third-party estimated wholesale value	\$400.00
47.2. 2004 Chevrolet Express, Base All-Wheel Drive G1500 Cargo Van, VIN 1GCGG25U141164326	Unknown	Third-party estimated wholesale value	\$2,000.00
47.3. 2003 Ford F-150, Commercial Cargo Van, VIN 1FTRE142438A06982	Unknown	Third-party estimated wholesale value	\$750.00
47.4. 2001 Chevrolet Express Comm Cutaway, Base w/11,000 lbs GVWR Chassis 139 in. WB, DRW, VIN 1GBJG31R311169847	Unknown	Third-party estimated wholesale value	\$750.00
47.5. 2011 Toyota Yaris, Base (M5) 5dr Liftback, VIN JTDKT4K37B5326592	Unknown	Third-party estimated wholesale value	\$2,500.00
47.6. 2014 Chevrolet Cruze, 1LT Auto 4dr Sedan, VIN 1G1PC5SB5E7440921	Unknown	Third-party estimated wholesale value	\$6,300.00

Debtor Family Pharmacy of Missouri, LLC Case number (If known) 18-60523
Name

47.7. 2013 Ford Transit Connect, XL Cargo Van, VIN NM0LS7AN1DT154938 Unknown Third-party estimated wholesale value \$4,000.00

47.8. 2012 Ford F-150, XL 4x4 Super Cab Styleside 6.5 ft. box 145 in. WB, VIN 1FTFX1EF9CFA70848 Unknown Third-party estimated wholesale value \$12,200.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$28,900.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <u>Leasehold improvements</u>		<u>\$334,163.70</u>		<u>Unknown</u>

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$334,163.70

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

Debtor **Family Pharmacy of Missouri, LLC**
Name

Case number (If known) **18-60523**

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Debtors have rights in certain copyrights, marks, trade names, domain names and other intellectual property. Debtors are continuing to evaluate their intellectual property and will supplement this schedule as necessary.	\$0.00		Unknown
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Prescription / Customer Files	\$0.00		Unknown
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)

Debtor Family Pharmacy of Missouri, LLC
Name

Case number (If known) 18-60523

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

Term Policy, U.S. Financial Ins., \$0 Cash Surrender Value \$0.00

Protective Life Insurance, Term Policy, \$0 Cash Surrender Value \$0.00

NOTE: Life insurance policies are collaterally assigned to Bank of Missouri. \$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

See Global Notes. Unknown

Nature of claim

Amount requested \$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

See Global Notes. Unknown

Nature of claim

Amount requested \$0.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No
☐ Yes

Debtor Family Pharmacy of Missouri, LLC Case number (If known) 18-60523
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$278,025.62</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$74,784.83</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$2,013,318.60</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,943,982.77</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$28,900.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$4,339,011.82</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$4,339,011.82</u>

Fill in this information to identify the case:

Debtor name Family Pharmacy of Missouri, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 18-60523

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Bank of Missouri

Creditor's Name

3807 South Campbell
Springfield, MO 65807-5339

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
8196

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Distribution Center / Warehouse - 4083 N. Hwy NN, Ozark, MO 65721

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$4,328,505.56

Unknown

2.2 Bank of Missouri

Creditor's Name

3807 South Campbell
Springfield, MO 65807-5339

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
8388

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Describe the lien

Deed of Trust on Distribution Center/Warehouse, 4083 N. Hwy NN, Ozark, MO 65721

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

\$755,437.40

Unknown

Debtor **Family Pharmacy of Missouri, LLC**

Case number (if know) **18-60523**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 Bank of Missouri

Creditor's Name

**3807 South Campbell
Springfield, MO 65807-5339**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**Last 4 digits of account number
3291**

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

**Describe debtor's property that is subject to a lien
2012 F-150**

\$7,546.92

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.4 Cardinal Health

Creditor's Name

**7000 Cardinal Place
Dublin, OH 43017**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$591,337.95

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

**2.5 Smith Drug Company, a
Division of**

Creditor's Name

**J M Smith Corporation
Attn: Office of Corporate
Counsel
101 W. St. John Street,
Suite 305
Spartanburg, SC 29306**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$5,136,834.35

Unknown

Describe the lien

Debtor **Family Pharmacy of Missouri, LLC**
Name

Case number (if know) **18-60523**

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$10,819,662.18

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Lynn and Janet Morris
4230 Greenbriar
Nixa, MO 65714

Line 2.5

Lynn Morris
4230 Greenbriar
Nixa, MO 65714

Line 2.4

Lynn Morris
4230 Greenbriar
Nixa, MO 65714

Line 2.1

Michael Langston
P. O. Box 5
Strafford, MO 65757

Line 2.4

USDA-Rural Development
Rural Business-Cooperative Service
601 Business Loop 70 West
Parkade Center, Suite 325
Columbia, MO 65203

Line 2.1

Fill in this information to identify the case:

Debtor name Family Pharmacy of Missouri, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 18-60523

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Amcon Distributing Company P. O. Box 2444 Springfield, MO 65801-2444 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,038.39
3.2	Nonpriority creditor's name and mailing address AT&T P. O. Box 5001 Carol Stream, IL 60197-5001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.48
3.3	Nonpriority creditor's name and mailing address Ayres Outdoor 18787 State Hwy 13 Reeds Spring, MO 65737 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.4	Nonpriority creditor's name and mailing address Barbour Publishing, Inc. P. O. Box 719 Uhrichsville, OH 44683 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,049.00

Debtor **Family Pharmacy of Missouri, LLC**
Name

Case number (if known) **18-60523**

3.5	Nonpriority creditor's name and mailing address BarCharts Publishing, Inc. 6000 Park of Commerce Blvd., Suite D Boca Raton, FL 33487 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.95
3.6	Nonpriority creditor's name and mailing address Battery Outfitters P. O. Box 215 Golden, MO 65658 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.46
3.7	Nonpriority creditor's name and mailing address BSN Medical Inc. P. O. Box 751766 Charlotte, NC 28275-1766 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,613.78
3.8	Nonpriority creditor's name and mailing address City of Clever P. O. Box 52 Clever, MO 65631 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.36
3.9	Nonpriority creditor's name and mailing address City of Rogersville P. O. Box 19 Rogersville, MO 65742 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.12
3.10	Nonpriority creditor's name and mailing address Concordance - MMS 2675 Solution Center Chicago, IL 60677-2006 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.27
3.11	Nonpriority creditor's name and mailing address Dennis East International, LLC 13 Willow Street Yarmouth Port, MA 02675 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.50

Debtor	Family Pharmacy of Missouri, LLC <small>Name</small>	Case number (if known)	18-60523
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3.12	Nonpriority creditor's name and mailing address Evergreen Enterprises P. O. Box 602961 Charlotte, NC 28260-2961 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,867.74
3.13	Nonpriority creditor's name and mailing address Family Pharmacy, Inc. 4101 N. Hwy NN Ozark, MO 65721 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inter-company debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,951,696.99
3.14	Nonpriority creditor's name and mailing address Garretson Trash Service, LLC 1117 S. Lillian Bolivar, MO 65613 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.50
3.15	Nonpriority creditor's name and mailing address Giftcraft, Inc. P. O. Box 1270 Grand Island, NY 14072-8270 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.90
3.16	Nonpriority creditor's name and mailing address Go Automotive 1700 S. 16th Avenue Ozark, MO 65721 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.22
3.17	Nonpriority creditor's name and mailing address Golden Technologies 401 Bridge Street Old Forge, PA 18518 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,409.85
3.18	Nonpriority creditor's name and mailing address HealthTAC Logistics, LLC 4101 N. Hwy NN Ozark, MO 65721 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inter-company debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258,980.83

Debtor	Family Pharmacy of Missouri, LLC <small>Name</small>	Case number (if known)	18-60523
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3.19	Nonpriority creditor's name and mailing address Invacare P. O. Box 824056 Philadelphia, PA 19182-4056 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$521.30
3.20	Nonpriority creditor's name and mailing address Java Dave's Executive Coffee P. O. Box 581238 Tulsa, OK 74158-1238 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,177.91
3.21	Nonpriority creditor's name and mailing address Jelly Belly Candy Company P. O. Box 742799 Los Angeles, CA 90074-2799 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$780.60
3.22	Nonpriority creditor's name and mailing address Kookaburra Licorice 14512 167th Avenue SE Monroe, WA 98272 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.55
3.23	Nonpriority creditor's name and mailing address L. Frances Caramel Company, LLC 2500C N. Lynndale Drive Appleton, WI 54914 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.40
3.24	Nonpriority creditor's name and mailing address Latika Body Essentials 8906 Wall Street, Suite 101 Austin, TX 78754 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.00
3.25	Nonpriority creditor's name and mailing address Leanin' Tree, LLC P. O. Box 9500 Boulder, CO 80301 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$670.16

Debtor	Family Pharmacy of Missouri, LLC <small>Name</small>	Case number (if known)	18-60523
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3.26	Nonpriority creditor's name and mailing address MCI P. O. Box 15043 Albany, NY 12212-5043 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.29
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3.27	Nonpriority creditor's name and mailing address Medline Industries, Inc. Dept. 1800 P. O. Box 121080 Dallas, TX 75312-1080 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.43
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3.28	Nonpriority creditor's name and mailing address Midwest Distribution 313 SE Oldham Parkway Lees Summit, MO 64081 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$673.54
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3.29	Nonpriority creditor's name and mailing address NDC Homecare LLC P. O. Box 37904, Dept. #171 Charlotte, NC 28237 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,764.74
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3.30	Nonpriority creditor's name and mailing address Nixa Hardware & Seed Co. P. O. Box 1560 Nixa, MO 65714 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.21
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3.31	Nonpriority creditor's name and mailing address Nova Medical Products 1470 Beachey Place Carson, CA 90746-4002 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
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3.32	Nonpriority creditor's name and mailing address Onnen Company, Inc. P. O. Box 3720 Urbandale, IA 50323-0720 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,863.00
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Debtor	Family Pharmacy of Missouri, LLC <small>Name</small>	Case number (if known)	18-60523
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3.33	Nonpriority creditor's name and mailing address Ozark Electric Cooperative P. O. Box 420 Mount Vernon, MO 65712-0420 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.19
3.34	Nonpriority creditor's name and mailing address Ozarks Coca-Cola/Dr. Pepper P. O. Box 11250 Springfield, MO 65808 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$779.38
3.35	Nonpriority creditor's name and mailing address Park Designs P. O. Box 10038 Goldsboro, NC 27532 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.80
3.36	Nonpriority creditor's name and mailing address Public Water Supply District #3 507 Rinehart Road Branson, MO 65616 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.07
3.37	Nonpriority creditor's name and mailing address Raz Imports Inc. 1020 Eden Road Arlington, TX 76001 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,486.96
3.38	Nonpriority creditor's name and mailing address Select Nutrition P. O. Box 419719 Boston, MA 02241-9719 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,034.23
3.39	Nonpriority creditor's name and mailing address Sonshine Enterprises 655 Werner Drive Barboursville, WV 25504 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.00

Debtor	Family Pharmacy of Missouri, LLC <small>Name</small>	Case number (if known)	18-60523
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3.40	Nonpriority creditor's name and mailing address Surgical Appliance Industries 3960 Rosslyn Drive Cincinnati, OH 45209-1195 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.35
3.41	Nonpriority creditor's name and mailing address Swan Creek Candle Co. P. O. Box 239 Swanton, OH 43558 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,078.64
3.42	Nonpriority creditor's name and mailing address Taney County Regional Sewer District P. O. Box 563 Forsyth, MO 65653 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.50
3.43	Nonpriority creditor's name and mailing address Taney County Water District #2 P. O. Box 122 Powersite, MO 65731 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.97
3.44	Nonpriority creditor's name and mailing address Tri Lakes Culligan P. O. Box 210 Hollister, MO 65673 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.08
3.45	Nonpriority creditor's name and mailing address Tri-Lakes Newspapers, Inc. P. O. Box 1900 Branson, MO 65616 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.46	Nonpriority creditor's name and mailing address Variety Distributors, Inc. P. O. Box 874169 Kansas City, MO 64187-4169 Date(s) debt was incurred <input type="text"/> Last 4 digits of account number <input type="text"/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,439.99

Debtor	Family Pharmacy of Missouri, LLC <small>Name</small>	Case number (if known)	18-60523
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3.47	Nonpriority creditor's name and mailing address White River Electric P. O. Box 1518 Branson, MO 65615-1518 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$807.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	B&T Enterprises 601 N. National, Suite 114 Springfield, MO 65802	Line <u> </u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	D-Man Properties, LLC 412 Britt Lane Rogersville, MO 65742	Line <u> </u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	Hixson Properties, LLC Attn: John H. Horton 4123 S. National Avenue Springfield, MO 65807	Line <u> </u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	Michael and Carolyn Langston P. O. Box 5 Strafford, MO 65757	Line <u> </u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.5	WD Properties XXXIII, LLC 1540 W. Battlefield Springfield, MO 65807	Line <u> </u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #f2f2f2;">Total of claim amounts</th> </tr> <tr> <td style="width: 5%;">5a.</td> <td style="width: 95%;">\$ 0.00</td> </tr> <tr> <td>5b. +</td> <td>\$ 4,251,239.63</td> </tr> <tr> <td>5c.</td> <td style="border: 2px solid black;">\$ 4,251,239.63</td> </tr> </table>	Total of claim amounts		5a.	\$ 0.00	5b. +	\$ 4,251,239.63	5c.	\$ 4,251,239.63
Total of claim amounts									
5a.	\$ 0.00								
5b. +	\$ 4,251,239.63								
5c.	\$ 4,251,239.63								
5a. Total claims from Part 1 5b. Total claims from Part 2 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.									

Fill in this information to identify the case:

Debtor name **Family Pharmacy of Missouri, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number (if known) **18-60523**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest
Store 19 - Rent - 759 W. Washington St., Marshfield, MO 65706. Month to month.

State the term remaining

List the contract number of any government contract

**B&T Enterprises
601 N. National, Suite 114
Springfield, MO 65802**

2.2. State what the contract or lease is for and the nature of the debtor's interest
Store 27 - Lease/Rent - 6809 State Hwy 14, Suite A, Clever, MO. Initial lease 6/1/11, 5-year terms. Expires 5/31/2021.

State the term remaining

List the contract number of any government contract

**Clever Marketplace 2, LLC
Attn: Mr. Brad King
P. O. Box 14909
Springfield, MO 65814-0909**

2.3. State what the contract or lease is for and the nature of the debtor's interest
Store 5 - Lease - 432 Mill Street, Rogersville, MO 65742. Expired 8/31/2017.

State the term remaining

List the contract number of any government contract

**D-Man Properties, LLC
412 Britt Lane
Rogersville, MO 65742**

2.4. State what the contract or lease is for and the nature of the debtor's interest
Store 28 - Lease - 1494 State Highway 248, Suite D, Branson, MO. Initial lease 7/10/11, 5-year term, 2-5-year options. Expires 7/9/2020.

State the term remaining

**Diversity Commercial Investments, LLC
c/o R.B. Murray Co. Mgmt., LLC
2225 S. Blackman Road
Springfield, MO 65809**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.5. State what the contract or lease is for and the nature of the debtor's interest

Maintenance Agreement dated 10/1/10 with Enterprise Fleet Management, Inc.

State the term remaining _____

List the contract number of any government contract _____

**Enterprise Fleet Management, Inc.
P. O. Box 800089
Kansas City, MO 64180-0089**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Amended and Restated Master Equity Lease Agreement dated 10/1/10 with Enterprise Fleet Management, Inc. and Enterprise FM Trust

State the term remaining _____

List the contract number of any government contract _____

**Enterprise Fleet Management, Inc. and Enterprise FM Trust
P. O. Box 800089
Kansas City, MO 64180-0089**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Employee Leasing Agreement dated January 1, 2010 with Family Pharmacy, Inc.

State the term remaining _____

List the contract number of any government contract _____

**Family Pharmacy, Inc.
4101 N. Hwy NN
Ozark, MO 65721**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Store 20 - Lease - 1326 W. Broadway, Bolivar, MO. Initial lease 2/1/14, 3-year term, additional 3-year options. Expired 1/31/2017.

State the term remaining _____

List the contract number of any government contract _____

**Family Property Management, LLC
P. O. Box 949
Ozark, MO 65721**

2.9. State what the contract or lease is for and the nature of the debtor's interest

Warehouse - Lease - 4083 N. Hwy NN, Ozark, MO. Initial lease

**Family Property Management, LLC
P. O. Box 949
Ozark, MO 65721**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2/1/14, 3-year term,
additional 3-year
options. Expired
1/31/2017.

State the term remaining

List the contract number of any
government contract2.10. State what the contract or
lease is for and the nature of
the debtor's interest**Store 16 - Lease - 49 E.
Old Mill Rd., Fair
Grove, MO 65648.
Initial lease 7/1/11,
10-year term.**

State the term remaining

List the contract number of any
government contract**Family Property Management, LLC
P. O. Box 949
Ozark, MO 65721**2.11. State what the contract or
lease is for and the nature of
the debtor's interest**Store 12 - Lease -
14974 US Highway 160,
Forsyth, MO. Initial
lease 4/1/13, 3-year
term, 2-3 year options.
Expires 3/31/2019.**

State the term remaining

List the contract number of any
government contract**First Home Savings Bank
c/o R. Bradley Weaver, Registered Agent
142 E. First Street
Mountain Grove, MO 65711**2.12. State what the contract or
lease is for and the nature of
the debtor's interest**Store 26 - Lease - 225
Cross Creek Blvd.,
Suite A, Branson, MO.
Initial lease 12/10/10,
5-year term, 2-5-year
options. Expires
12/11/2020.**

State the term remaining

List the contract number of any
government contract**GGW Investments, LLC
P. O. Box 329
Willow Springs, MO 65793**2.13. State what the contract or
lease is for and the nature of
the debtor's interest**Healthcare Pharmacy
Network Agreements
and Non-Disclosure
Agreements dated
7/19/17 with Healthwise
Pharmacies, Inc.
related to Store Nos. 4,
5, 7, 12, 14, 16, 19, 20,
26, 27 and 28.**

State the term remaining

**Healthwise Pharmacies, Inc.
9098 Fairforest Road
Spartanburg, SC 29301**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

- 2.14. State what the contract or lease is for and the nature of the debtor's interest **Store 7 - Rent - 180 Mall Road, Hollister, MO. Month to month.**

State the term remaining _____

List the contract number of any government contract _____

**Hixson Properties, LLC
c/o John Horton
4123 S. National Avenue
Springfield, MO 65807**

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **CRO Agreement**

State the term remaining _____

List the contract number of any government contract _____

**Lloyd & MacLaughlin LLC
4010 Washington Street, #100
Kansas City, MO 64111**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **Medicare DMEPOS Authorized Official Certification Statement and Signature - Family Pharmacy #4**

State the term remaining _____

List the contract number of any government contract _____

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Medicare DMEPOS Authorized Official Certification Statement and Signature - Family Pharmacy #5**

State the term remaining _____

List the contract number of any government contract _____

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Medicare DMEPOS Authorized Official Certification Statement and Signature - Family Pharmacy #7**

State the term remaining _____

List the contract number of any government contract _____

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.19. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #12**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

2.20. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #14**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

2.21. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #16**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

2.22. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #19**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

2.23. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #20**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.24. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #26**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

2.25. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #27**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

2.26. State what the contract or lease is for and the nature of the debtor's interest

**Medicare DMEPOS
Authorized Official
Certification Statement
and Signature - Family
Pharmacy #28**

State the term remaining

List the contract number of any government contract

**Medicare
7500 Security Boulevard
Windsor Mill, MD 21244-1850**

2.27. State what the contract or lease is for and the nature of the debtor's interest

**Missouri Medicaid
Participation
Agreement (DME) -
Family Pharmacy #4.**

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.28. State what the contract or lease is for and the nature of the debtor's interest

**Missouri Medicaid
Participation
Agreement (Pharmacy)
- Family Pharmacy #5.**

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.29. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #5.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.30. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #7.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.31. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #7.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.32. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #12.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.33. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #12.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.34. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #14.**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.35. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #14.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

- 2.36. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #16

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

- 2.37. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #16.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

- 2.38. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #19.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

- 2.39. State what the contract or lease is for and the nature of the debtor's interest

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #19.

State the term remaining

List the contract number of any government contract

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.40. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #20

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.41. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #20.

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.42. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #26

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.43. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Missouri Medicaid Participation Agreement (DME) - Family Pharmacy #26.

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.44. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Missouri Medicaid Participation Agreement (Pharmacy) - Family Pharmacy #27

**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**

2.45. State what the contract or lease is for and the nature of

Missouri Medicaid Participation

**Missouri Medicaid
615 Howerton Court**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

the debtor's interest

**Agreement (DME) -
Family Pharmacy #27.****P. O. Box 6500
Jefferson City, MO 65102**

State the term remaining

List the contract number of any
government contract2.46. State what the contract or
lease is for and the nature of
the debtor's interest**Missouri Medicaid
Participation
Agreement (Pharmacy)
- Family Pharmacy #28**

State the term remaining

List the contract number of any
government contract**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**2.47. State what the contract or
lease is for and the nature of
the debtor's interest**Missouri Medicaid
Participation
Agreement (DME) -
Family Pharmacy #28.**

State the term remaining

List the contract number of any
government contract**Missouri Medicaid
615 Howerton Court
P. O. Box 6500
Jefferson City, MO 65102**2.48. State what the contract or
lease is for and the nature of
the debtor's interest**Pharmacy Service
Agreement, #4**

State the term remaining

List the contract number of any
government contract**Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013**2.49. State what the contract or
lease is for and the nature of
the debtor's interest**Long Term Care
Pharmacy Addendum,
#4**

State the term remaining

List the contract number of any
government contract**Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013**2.50. State what the contract or
lease is for and the nature of
the debtor's interest**Pharmacy Services
Agreement, #5**

State the term remaining

**Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013**

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.51. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #5**

State the term remaining _____

List the contract number of any government contract _____

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.52. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #7**

State the term remaining _____

List the contract number of any government contract _____

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.53. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #7**

State the term remaining _____

List the contract number of any government contract _____

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.54. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #12**

State the term remaining _____

List the contract number of any government contract _____

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.55. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #12**

State the term remaining _____

List the contract number of any government contract _____

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.56. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #14**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.57. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #14**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.58. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #16**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.59. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #16**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.60. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #19**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

2.61. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Agreement, #19**

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

- 2.62. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #20**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

- 2.63. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #20**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

- 2.64. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #26**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

- 2.65. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #26**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

- 2.66. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #27**

State the term remaining

List the contract number of any government contract

Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013

Debtor 1 **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.67. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #27**

State the term remaining

List the contract number of any government contract

**Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013**

2.68. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement, #28**

State the term remaining

List the contract number of any government contract

**Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013**

2.69. State what the contract or lease is for and the nature of the debtor's interest **Long Term Care Pharmacy Addendum, #28**

State the term remaining

List the contract number of any government contract

**Pharmacy Providers of Oklahoma, Inc.
c/o Melanie Maxwell, VP, RxSelect Svcs
3000 E. Memorial Road
Edmond, OK 73013**

2.70. State what the contract or lease is for and the nature of the debtor's interest **Store 4 - Lease - 18192 State Hwy 13, Suite A, Branson West, MO. Initial lease 6/2/10, 4-year term, 2-4-year options. Expires 6/1/2018.**

State the term remaining

List the contract number of any government contract

**Robert E. Wilson Jr. Trust
3032C S. Fremont, Suite 100
Springfield, MO 65804**

2.71. State what the contract or lease is for and the nature of the debtor's interest **Store 14 - Lease - 105 Ridgecrest Ave, Nixa, MO. Expires 8/31/2020.**

State the term remaining

List the contract number of any government contract

**Warren Davis Properties XXXIII, L.L.C.
1540 W. Battlefield Road
Springfield, MO 65807**

Debtor 1 **Family Pharmacy of Missouri, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-60523**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.72. State what the contract or lease is for and the nature of the debtor's interest

**WEX Business Charge
Account Agreement**

State the term remaining

List the contract number of any government contract

**WEX, Inc.
97 Darling Avenue
South Portland, ME 04106**

Fill in this information to identify the case:

Debtor name Family Pharmacy of Missouri, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 18-60523

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name		Mailing Address	Name	Check all schedules that apply:
2.1	Family Pharmacy, Inc.	4101 N. Hwy NN Ozark, MO 65721	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Lynn & Janet Morris	4101 N. Hwy NN Ozark, MO 65721	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Lynn and Janet Morris	4230 Greenbriar Nixa, MO 65714	Smith Drug Company, a Division of	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Lynn and Janet Morris	4230 Greenbriar Nixa, MO 65714	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Lynn Morris	4230 Greenbriar Nixa, MO 65714	Cardinal Health	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Family Pharmacy of Missouri, LLC**

Case number (if known) **18-60523**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Lynn Morris	4230 Greenbriar Nixa, MO 65714	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Michael Langston	P. O. Box 5 Strafford, MO 65757	Cardinal Health	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Michael Langston	P. O. Box 5 Strafford, MO 65757	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	USDA-Rural Development	Rural Business-Cooperative Service 601 Business Loop 70 West Parkade Center, Suite 325 Columbia, MO 65203	Bank of Missouri	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name Family Pharmacy of Missouri, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 18-60523

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$8,930,500.68

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date

Commissions, discounts,
service charge, interest
income and intercompany
interest income

\$35,748.71

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Amcon Distributing Company P. O. Box 2444 Springfield, MO 65801-2444	2/9/18, 3/2/18, 3/23/18	\$2,770.69	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.2. Ayres Outdoor 18787 State Hwy 13 Reeds Spring, MO 65737	2/2/18, 2/23/18, 3/23/18	\$1,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. B&T Enterprises 601 N. National, Suite 114 Springfield, MO 65802	2/2/18, 3/2/18, 3/30/18	\$4,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.4. Battery Outfitters P. O. Box 215 Golden, MO 65658	2/15/18, 3/9/18, 3/16/18	\$135.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.5. BSN Medical Inc. P. O. Box 751766 Charlotte, NC 28275-1766	2/9/18, 2/15/18, 2/23/18, 3/9/18, 3/30/18	\$1,354.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.6. Cardinal Health 7000 Cardinal Place Dublin, OH 43017	2/16/18, 2/23/18, 2/23/18, 3/9/18, 3/30/18, 4/6/18, 4/20/18	\$350,000.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.7. City of Clever P. O. Box 52 Clever, MO 65631	2/9/18, 3/9/18, 4/10/18	\$75.45	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.8. Clever Marketplace 2, LLC Attn: Brad King P. O. Box 14909 Springfield, MO 65814-0909	2/2/18, 3/9/18, 4/10/18	\$13,459.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.9. Diversity Commercial Investments, LLC c/o R.B. Murray Co. Mgmt., LLC 2225 S. Blackman Road Springfield, MO 65809	2/2/18, 3/9/18, 4/10/18	\$12,127.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.10 D-Man Properties, LLC 412 Britt Lane Rogersville, MO 65742	2/2/18, 3/2/18, 3/30/18, 4/27/18	\$16,452.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 Evergreen Enterprises P. O. Box 602961 Charlotte, NC 28260-2961	2/2/18, 3/2/18, 3/16/18	\$2,310.15	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 Garretson Trash Service, LLC 1117 S. Lillian Bolivar, MO 65613	2/9/18, 3/16/18, 4/10/18	\$96.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.13 GGW Investments, LLC P. O. Box 329 Willow Springs, MO 65793	2/2/18, 3/9/18, 4/10/18	\$7,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 Giftcraft, Inc. P. O. Box 1270 Grand Island, NY 14072-8270	2/9/18, 2/23/18, 3/2/18, 3/30/18	\$3,608.81	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 Go Automotive 1700 S. 16th Avenue Ozark, MO 65721	2/2/18, 2/9/18, 2/23/18, 3/9/18, 3/30/18	\$1,215.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 Golden Technologies 401 Bridge Street Old Forge, PA 18518	2/23/18, 3/23/18	\$1,365.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 Hixson Properties, LLC 4123 S. National Avenue Springfield, MO 65807	2/2/18, 3/2/18, 3/30/18, 4/27/18	\$12,564.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.18 Java Dave's Executive Coffee P. O. Box 581238 OK 74185-1238	2/9/18, 3/16/18	\$1,534.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 Kookaburra Licorice 14512 167th Avenue SE Monroe, WA 98272	3/16/18	\$253.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 Latika Body Essentials 8906 Wall Street, Suite 101 Austin, TX 78754	3/30/18	\$320.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 Leanin' Tree, LLC P. O. Box 9500 Boulder, CO 80301	2/9/18, 3/30/18	\$150.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.22 MCI PO Box 371838 Pittsburgh, PA 15250	2/9/18, 3/9/18, 4/10/18	\$127.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.23 Medline Industries, Inc. Dept. 1080 P. O. Box 121080 Dallas, TX 75312-1080	2/2/18, 2/9/18, 3/2/18, 3/9/18, 3/23/18	\$307.61	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.24 Midwest Distribution 313 SE Oldham Parkway Lees Summit, MO 64081	2/15/18, 2/23/18	\$427.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.25 Midwest Fibre Sales Corporation P. O. Box 1901 Springfield, MO 65801	3/6/18	\$35.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.26 NDC Homecare LLC P. O. Box 37904, Dpt. 171 Charlotte, NC 28237	2/2/18, 2/9/18, 2/15/18, 2/15/18, 3/2/18, 3/9/18, 3/16/18, 3/23/18, 3/30/18	\$4,221.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.27 Nixa Chamber of Commerce P. O. Box 548 Nixa, MO 65714	3/16/18, 3/30/18	\$517.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.28 Ozark Electric Cooperative P. O. Box 420 Mount Vernon, MO 65712-0420	2/2/18, 2/23/18, 3/23/18, 3/30/18	\$1,203.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.29 Ozarks Coca-Cola/Dr. Pepper P. O. Box 11250 Springfield, MO 65808	2/2/18, 2/15/18, 3/2/18, 3/23/18, 3/30/18	\$1,763.86	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.30 Public Water Supply District #3 507 Rinehart Road Branson, MO 65616	2/9/18, 3/9/18, 4/10/18	\$59.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.31 Raz Imports Inc. 1020 Eden Road Arlington, TX 76001	3/30/18	\$1,700.61	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.32 Rents Due, LLC c/o Maples Properties, L.L.C. 3032C S. Fremont, Suite 100 Springfield, MO 65804	2/2/18, 3/9/18, 3/26/18, 4/10/18	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.33 Robert E. Wilson Jr. Trust 3032C S. Fremont, Suite 1000 Springfield, MO 65804	2/2/18, 3/9/18, 4/10/18	\$10,920.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.34 Script Pro Pharmacy Automation P. O. Box 809004 Kansas City, MO 64180-9004	2/2/18, 2/23/18, 3/30/18, 4/27/18	\$2,349.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.35 Select Nutrition P. O. Box 419719 Boston, MA 02241-9719	2/2/18, 2/15/18, 2/23/18, 3/2/18, 3/9/18, 3/16/18, 3/30/18	\$6,404.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.36 Smith Drug Company, a Division of J M Smith Corporation Attn: Office of Corporate Counsel Spartanburg, SC 29306	2/2/18, 2/5/18, 2/9/18, 2/16/18, 2/21/18, 3/1/18, 3/8/18, 3/27/18, 4/3/18, 4/4/18, 4/9/18, 4/18/18, 4/25/18, 4/27/18	\$3,702,276.15	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.37 Surgical Appliance Industries 3960 Rosslyn Drdive Cincinnati, OH 45209-1195	2/15/18, 3/30/18	\$204.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.38 Taney County Regional Sewer District P. O. Box 563 Forsyth, MO 65653	2/15/18, 3/16/18, 4/13/18	\$112.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.39 Tri Lakes Culligan P. O. Box 210 939 Victor Church Hollister, MO 65673	2/2/18, 2/9/18, 3/16/18, 4/13/18	\$142.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.40 Tri-Lakes Newspapers, Inc. P. O. Box 1900 Branson, MO 65616	2/15/18	\$783.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.41 Variety Distributors, Inc. P. O. Box 874169 Kansas City, MO 64187-4169	2/2/18, 2/15/18, 3/23/18	\$7,727.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.42 WD Properties XXXIII, LLC 1540 W. Battlefield Springfield, MO 65807	2/2/18, 3/2/18, 3/30/18, 4/27/18	\$15,648.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.43 White River Electric P. O. Box 1518 Branson, MO 65615-1518	2/9/18, 2/23/18, 3/2/18, 3/9/18, 3/30/18	\$2,758.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
NOTE	In the ordinary course of business, Debtor periodically returns pharmaceuticals and other inventory on a regular basis.		\$45,735.76

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**☐ None.**Case title
Case number****Nature of case****Court or agency's name and
address****Status of case**7.1. **See attached.**
☐ Pending
☐ On appeal
☐ Concluded
8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None**Recipient's name and address****Description of the gifts or contributions****Dates given****Value****Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None**Description of the property lost and
how the loss occurred****Amount of payments received for the loss****Dates of loss****Value of property
lost**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

	Address	Dates of occupancy From-To
14.2.	4101 N. State Hwy NN Ozark, MO 65721	Currently in use
14.3.	1156 W. Jackson Ozark, MO 65721	Currently in use
14.4.	1114 W. Jackson Ozark, MO 65721	Previous corporate office

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides
meals and housing,
number of patients in
debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

See attached.

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Storage	Family Pharmacy has utilized off site storage primarily for old signage, building material remnants, and overall non-sellable materials. As of the Petition Date, Debtor does not have any offsite storage units in use.		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Store No. 4 18192 Business 13, Suite A Branson West, MO 65737	Coca-Cola Cooler	\$0.00
Owner's name and address Fordland Clinic, Inc. 1059 Barton Drive Fordland, MO 65652	Location of the property Store No. 4 18192 Business 13, Suite A Branson West, MO 65737	Describe the property Branson West 340b Drug Inventory	Value \$7,915.97
Owner's name and address Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Location of the property Store No. 5 432 S. Mill Street Rogersville, MO 65742	Describe the property Coca-Cola Cooler	Value \$0.00
Owner's name and address Fordland Clinic, Inc. 1059 Barton Drive Fordland, MO 65652	Location of the property Store No. 5 432 S. Mill Street Rogersville, MO 65742	Describe the property Rogersville 340b Drug Inventory	Value \$7,923.59
Owner's name and address Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Location of the property Store No. 7 180 Mall Road, Suite A & B Hollister, MO 65672	Describe the property Coca-Cola Cooler	Value \$0.00

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Owner's name and address	Location of the property	Describe the property	Value
Chesapeake Valley Water Co. P. O. Box 10841 Springfield, MO 65808	Store No. 7 180 Mall Road, Suite A & B Hollister, MO 65672	Chesapeake water cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Store No. 12 14974 State Hwy. 160 Forsyth, MO 65653	Coca-Cola Cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Chesapeake Valley Water Co. P. O. Box 10841 Springfield, MO 65808	Store No. 12 14974 State Hwy. 160 Forsyth, MO 65653	Chesapeake water cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Store No. 14 105 Ridgecrest, Suite 1 and 2 Nixa, MO 65714	Coca-Cola Cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Store No. 20 1326 W. Broadway Bolivar, MO 65613	Coca-Cola Cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Chesapeake Valley Water Co. P. O. Box 10841 Springfield, MO 65808	Store No. 20 1326 W. Broadway Bolivar, MO 65613	Chesapeake water cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Store No. 27 6809 State Hwy. 14, Suite A Clever, MO 65631	Coca-Cola Cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Chesapeake Valley Water Co. P. O. Box 10841 Springfield, MO 65808	Store No. 27 6809 State Hwy. 14, Suite A Clever, MO 65631	Chesapeake water cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Bottling Company 1777 N. Packer Road Springfield, MO 65803	Store No. 28 1494 State Hwy. 248, Suite D Branson, MO 65616	Coca-Cola Cooler	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Pitney Bowes Global Financial Services PO Box 371887 Pittsburgh, PA 15250-7887	Warehouse 4083 N. State Hwy. NN Ozark, MO 65721	Postage Machine	\$0.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Robinson and Company 1304B E. Woodhurst Drive Springfield, MO 65804	2015, 2016
26a.2. Abacus CPAs, LLC 1835 E. Republic Rd., Suite 200 Springfield, MO 65804	2017

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

Name and address	Date of service From-To
26b.1. Abacus CPAs, LLC 1835 E. Republic Rd., Suite 200 Springfield, MO 65804	2017-present
Name and address	Date of service From-To
26b.2. Robinson and Company 1304B E. Woodhurst Drive Springfield, MO 65804	2015, 2016

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Tim Stallion, CFO Family Pharmacy, Inc. 4101 N. State Hwy NN Ozark, MO 65721	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. The Bank of Missouri 1301 W. South Street Ozark, MO 65721
26d.2. The Bank of Missouri 3427 William Street Cape Girardeau, MO 63701
26d.3. JM Smith Corporation 101 West St. John Street Spartanburg, SC 29306
26d.4. Smith Drug Company 9098 Fairforest Road Spartanburg, SC 29301
26d.5. Cardinal Health 7000 Cardinal Place Dublin, OH 43017

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	See attached.		

Debtor **Family Pharmacy of Missouri, LLC**Case number (if known) **18-60523**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Lynn Morris	4230 Greenbriar Nixa, MO 65714	Member	100%
Name	Address	Position and nature of any interest	% of interest, if any
James MacLaughlin	4010 Washington Street, #100 Kansas City, MO 64111	Chief Restructuring Officer	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

Name	Address	Position and nature of any interest	% of interest, if any
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30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor Family Pharmacy of Missouri, LLCCase number (if known) 18-60523**Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/5/18

/s/ Timothy Stallion

Signature of individual signing on behalf of the debtor

Timothy Stallion

Printed name

Position or relationship to debtor Chief Financial Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

SOFA Question 7: Audits

To the best of the Debtor's knowledge and belief, there are no outstanding audits or requests for desk top audit that have not been performed. In the ordinary course of business, the Debtor regularly receives requests for audits for individual prescriptions. Debtor provides the documentation back to the requesting agency. These are done in the ordinary course and can include audits from Medicare on behalf of Medicare Part B, Medicaid, and PBMs (pharmacy benefits managers) on behalf of Medicare Part D.

SOFA Question 16 - Personally Identifiable Information

In the ordinary course of business, Debtor collects and maintains HIPAA regulated protected health information to include, but not limited to, patient name, date of birth, address, phone number, diagnosis codes, prescription information, payment information, insurance claim numbers including social security and Medicare numbers, insurance billing information, and physician information.

Store Name	Store #	Entity	Date	Total	Persons Conducting Inventory
Ozark Retail	1	Inc	12/29/2016	\$442,944.37	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion, BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt, Sam Underwood, Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry
			12/28/2017	\$187,243.30	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Sparta	6	Inc	12/29/2016	\$239,006.60	BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt,
			12/28/2017	\$215,061.88	Mandy Jones, Carmen Soto, Priscilla Schmidt, Aubrey Ward, Jessie Hunt, Shanda Moore
Willard	8	Inc	12/29/2016	\$207,209.70	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion
			12/28/2017	\$140,422.73	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Republic	9	Inc	12/30/2016	\$220,246.53	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion
			12/29/2017	\$113,918.80	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Ozark HC	10	Inc	12/29/2016	\$304,397.14	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion
			12/28/2017	\$244,150.15	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Lakewood	11	Inc	12/29/2016	\$182,167.75	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion
			12/28/2017	\$168,170.25	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Joplin	18	Inc	12/30/2016	\$396,915.84	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion
			12/29/2017	\$247,107.23	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Kearney	23	Inc	12/29/2016	\$200,692.20	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion
			12/28/2017	\$212,015.67	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Ava	25	Inc	12/29/2016	\$293,427.08	BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt,
			12/28/2017	\$211,169.93	Mandy Jones, Carmen Soto, Priscilla Schmidt, Aubrey Ward, Jessie Hunt, Shanda Moore
Specialty	29	Inc	12/31/2016	\$24,907.71	Desiree Rojas, Chad Rollins,
			12/28/2017	\$49,729.52	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion, Desiree Rojas, Chad Rollins,

Store Name	Store #	Entity	Date	Total	Persons Conducting Inventory
Branson West	4	LLC	12/30/2016	\$260,966.51	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry
			12/28/2017	\$165,546.86	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry, Regina Sporleder
Rogersville	5	LLC	12/29/2016	\$227,433.39	BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt,
			12/28/2017	\$196,843.72	Mandy Jones, Carmen Soto, Priscilla Schmidt, Aubrey Ward, Jessie Hunt, Shanda Moore
Hollister	7	LLC	12/30/2016	\$210,871.16	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry
			12/28/2017	\$125,633.37	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry, Regina Sporleder
Forsyth	12	LLC	12/30/2016	\$298,829.31	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry
			12/29/2017	\$178,335.90	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry, Regina Sporleder
Nixa	14	LLC	12/29/2016	\$276,978.06	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry
			12/28/2017	\$235,236.37	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry, Regina Sporleder
Fair Grove	16	LLC	12/30/2016	\$204,980.73	BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt,
			12/29/2017	\$117,480.64	Mandy Jones, Carmen Soto, Priscilla Schmidt, Aubrey Ward, Jessie Hunt, Shanda Moore
Marshfield	19	LLC	12/30/2016	\$131,296.21	BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt,
			12/29/2017	\$126,939.34	Mandy Jones, Carmen Soto, Priscilla Schmidt, Aubrey Ward, Jessie Hunt, Shanda Moore
Bolivar	20	LLC	12/30/2016	\$256,433.14	BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt,
			12/28/2017	\$137,834.07	Mandy Jones, Carmen Soto, Priscilla Schmidt, Aubrey Ward, Jessie Hunt, Shanda Moore
Cross Creek	26	LLC	12/30/2016	\$171,228.78	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry
			12/29/2017	\$121,017.30	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry, Regina Sporleder
Clever	27	LLC	12/30/2016	\$195,390.49	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Tim Stallion
			12/29/2017	\$166,834.61	Carrie Tennis, Brenda Morisset, Wade Shelton, Madison Tennis, Bobbie Wolfe
Branson 248	28	LLC	12/29/2016	\$144,853.78	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry
			12/28/2017	\$121,945.99	Renee Krol, Brian Bingham, Pam Poe, Heidi Jenkins, Doris Arterberry, Regina Sporleder

Store	Entity	Store #	Date	Total	Persons Conducting Inventory
Strafford	Strafford Inc	2	12/30/2016	\$207,126.92	BJ Roberts, Mandy Jones, Carmen Soto, Priscilla Schmidt, Tim Stallion
			12/29/2017	\$147,890.91	Mandy Jones, Carmen Soto, Priscilla Schmidt, Aubrey Ward, Jessie Hunt, Shanda Moore

Store	Entity	Store #	Date	Total	Persons Conducting Inventory
HealthTAC	HealthTAC	N/A	12/31/2016	\$399,092.77	Sarah Tobin, Jason Davis, Eric Meyers
			12/31/2016	\$185,044.45	Sarah Tobin, Jason Davis, Eric Meyers